_			PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number			
	Effective December 8, 2004									14531759					
	CLAIMS AS FILED - PART I National State Process  Personal Special of (Column 1) (703) 685-6821							SMALL ENTITY TYPE		Nation Analysis					
U.	S. NATIONA	L STAGE FEES		211111 1/		PAPONOMOSE I	7	RATE	T	7	70 <del>31 325 32</del>				
ВА	SIC FEE		SMALL E	NT. = \$ 150	IA	RGE ENT. = \$ 300	┨	<b> </b>	FEE	-	RATE	FEE			
EXAMINATION FEE				Satisfies PCT Article 33(1)-		other situations =	-	BASIC FEE		OF	BASIC FEE	300			
_			(4) = \$	(4) = \$50/\$100 U.S. is ISA = \$50/\$100		\$ 100 / \$ 200		EXAM. FEE	<u> </u>	4	EXAM. FEE	200			
SEARCH FEE			ALL other	ALL other countries = \$ 200 / \$ 400		other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	400			
FEE	FOR EXTRA	A SPEC. PGS.	m	minus 100 =		/ 50 =		X \$ 125 =	4		X \$ 250 =	<del></del>			
ro	TAL CHARGE	ABLE CLAIMS	5/	5/ minus 20 = .		-3/		X \$ 25;=		OR	X \$ 50 =	15.50			
ND	EPENDENT (	CLAIMS	13	3 minus 3 = .				X \$ 100 =		OR	X \$ 200 =				
AUL	TIPLE DEPE	NDENT CLAIM P					+ \$ 180 =	<b> </b>	OR	+ \$ 360 =	<del> </del>				
If the difference in column 1 is less than zero, enter "0" i						olumn 2	! !	TOTAL		OR	TOTAL	245			
		11 in 2) ST	(Column 3)	ſ	SMALL E		OR	OTHER SMALL	ENTITY						
۲ ۲		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
AMENDIMENT	Total	•	Minus	**		=	İ	X \$ 25 =		OR	X \$ 50 =				
Ž.	Independent	*	Minus	***	_	=	ŀ	X \$ 100 =		OR	X \$ 200 =				
	FIRST PRESENTATION OF MULTIPLE DEPEN			ENDENT C	LAIM		ł	+ \$ 180 =	<del></del>	OR	+ \$ 360 =				
							Ļ	TOTAL ADDIT.	<del></del>	OR	TOTAL ADDIT.				
								FEE <b>L</b>	<del></del>	ĊΚ	FEE				
_		(Column 1)		(Columi		(Column 3)	_								
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
þ	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =				
7 7 2	ndependent	•	Minus	***		=	-	X \$ 100 =		OR	X \$ 200 =				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						T	+ \$ 180 =		OR	+ \$ 360 =				
TOTAL ADDIT. FEE										L	TOTAL ADDIT. FEE				
								<del></del>	•						
Ħ	the entry in colu	mn 1 is loss # #	anta-ta- : 4			_						•			
, W (	the "Highest Nu	mn 1 is less than the mber Previously Paid mber Previously Paid	For IN THIS SP	ACE is less th	an '20'	. enter "20".									